
*** TX REPORT ***

TRANSMISSION OK

TX/RX NO	2400
CONNECTION TEL	919142724109
CONNECTION ID	
ST. TIME	07/14 15:53
USAGE T	06'53
PGS. SENT	18
RESULT	OK

File



Covance Clinical Research Unit
309 West Washington Avenue
Suite 4 East
Madison, Wisconsin 53703
Tel: 608/283-6060
Fax: 608/681-8169

28 March 2003

Loreen Carchman
Manager
Philip Morris Research Center
615 Maury Street
Richmond, Virginia 23234

Re: Investigator Agreement and Indemnification

Dear Loreen:

Enclosed are signed Indemnification Letters for processing by Philip Morris. Please secure signatures, return one copy directly to the Investigator and retain the second for your files.

Virginia Commonwealth University – William Barr, PharmD.

Also included is an Investigator Agreement for this site. The protocol signature page was forwarded to Dr. Roethig for signature. A duly signed copy will be forwarded when we receive it.

If you have any questions, please feel free to contact me at 608-283-5685.

Regards,

Brigitte M. Kochan, CCRC
Manager Client Services

/bmk

Enclosure

Cc: David Leary, Arnold & Porter (Letter and Contracts)

PM3006537461